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## \*BIBDATASHEET\*

CONFIRMATION NO. 6370

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/686,219	<b>FILING OR 371(c) DATE</b> 10/15/2003 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3766	<b>ATTORNEY DOCKET NO.</b> AB-329U	
<b>APPLICANTS</b> Yuping He, Northridge, CA; David K.L. Peterson, Saugus, CA; Jordi Parramon, Valencia, CA;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/419,684 10/18/2002					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/15/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 19	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 23410					
<b>TITLE</b> SWITCHED-MATRIX OUTPUT FOR MULTI-CHANNEL IMPLANTABLE STIMULATOR					
<b>FILING FEE RECEIVED</b> 986	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		